

BEST AVAILABLE COPY

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/857210** FILING DATE **19 SEP 2001**
APPLICANT(S) *Reih*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13			/				63						
14				/			64						
15				/			65						
16				/			66						
17				/			67						
18				/			68						
19				/			69						
20				/			70						
21				/			71						
22				/			72						
23				/			73						
24				/			74						
25				/			75						
26				/			76						
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31				/			81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1				TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS			1				TOTAL CLAIMS						